

28  
30/11

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		2	7/10/01
<b>FORMALITY REVIEW</b>	PL	1019	08-29-00
<b>RESPONSE FORMALITY REVIEW</b>	PL	712	12-07-01

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 - ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	4/9
2	7/3
3	12/3
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6	10/10
7	
8	10/10
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10	10/10
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12	10/10
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15	
16	
17	✓
18	10/10
19	✓
20	10/10
21	
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23	
24	✓
25	N
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37	N
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

10-01

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